2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000004617

1. Entity Name
IMANI DANCE PROGRAM FOR YOUTH DEVELOPMENT, INC.

FILED
05 JAN 20 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3536 ESTATES RD TALLAHASSEE, FL 32305	3536 ESTATES RD TALLAHASSEE, FL 32305

01192005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1525 McCaskill Ave.	1525 McCaskill Ave.
Suite, Apt. #, etc.: # 3	Suite, Apt. #, etc.: # 3
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32310 Country: Leon	Zip: 32310 Country: Leon

4. FEI Number: 42-1588516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALLACE, JESSICA 3536 ESTATES RD TALLAHASSEE, FL 32305	Name: Latoya Dennis Street Address (P.O. Box Number is Not Acceptable): 3746 Roger Hamlin Court City: Tallahassee FL Zip Code: 32311

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Latoya Dennis /CO Latoya P. Dennis 1/20/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, JESSICA 3536 ESTATES RD TALLAHASSEE, FL 32305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Latoya Dennis 3746 Roger Hamlin Court Tallahassee FL 32311	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, KWAME 1525 MCCASKILL AVE #1 TALLAHASSEE, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, CHARLES 1525 MCCASKILL AVE #2 TALLAHASSEE, FL 32310	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000045092E610 01/20/05--01025--014 **10.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Latoya P. Dennis Latoya Dennis 1/20/05 (850) 841-2415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #